

TEMPORARY FOOD EVENT COORDINATOR'S CHECKLIST

* RETURN COMPLETED APPLICATION TO THE LOCAL BOARD OF HEALTH OFFICE THIRTY (30) DAYS BEFORE THE EVENT.

** Please type or print legibly.

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **TWO (2) WEEKS PRIOR TO THE EVENT**.

1. NAME OF EVENT: _____ DATE(s) _____

2. EXPECTED NUMBER OF PATRONS: _____

3. EXPECTED PEAK DAYS & NUMBERS OF PATRONS _____

4. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE(work, home, cell)</u>
a.	_____		

b.	_____		
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c.	_____		
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d.	_____		
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5. NUMBER OF ANTICIPATED FOOD BOOTHS: _____

6. DATE, TIME, LOCATION OF SCHEDULED MEETING(S) WITH FOOD BOOTH PARTICIPANTS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>LOCATION</u>
a.	_____		

b.	_____		
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7. TIME OF EVENT SET-UP: _____

8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION):

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: ____ YES ____ NO

10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY: _____

11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM: _____

12. DESCRIBE GARBAGE DISPOSAL: _____

13. _____	_____	_____
SIGNATURE	TITLE	DATE